

THE USE OF THE PERSONAL NARRATIVE IN SOCIAL WORK WITH THE ELDERLY

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INTRODUCTION

Reminiscence and life review have always been regarded as integral parts of the aging process. In the past, however, a stereotypical view of the aged often prevailed. According to Kaminsky (1978:19), this view entails that "...we view them as categories and not as individuals, when the meaning of their characteristic behavior is already fixed in our minds, without our having given them the kind of finely tuned hearing which is vital to understand another human being." Stereotyping the elderly means that reminiscence and life review are dismissed derogatively as intellectual decline; living in the past; approaching dementia or second childhood; or as symptoms of loneliness; lack of new experiences or clinging to a previous identity (Lewis & Butler, 1974; Kaminsky, 1978). Social workers and other professionals working with the elderly have therefore frequently dismissed these phenomena as meaningless, boring, time consuming and indicative of an irreversible condition.

Two trends in present-day social work have contributed to change this situation, viz. a lifespan approach to human development and a humanistic approach to social work. This article will therefore investigate the influence of the lifespan and the humanistic approach on gerontological social work. It will explain how the narrative has become a central construct in this approach and how it has led to a new emphasis on reminiscence and life review as helping strategies in gerontological social work.

A LIFESPAN APPROACH TO AGING

Several theories of personality emphasise the developmental stages of personality and imply that the social environment influences development. Although some theorists describe this development only up to a specific life stage, for example adolescence or adulthood, Erik Erikson, (1959) focused on social development throughout the full life cycle. According to Erikson, the life cycle from birth to old age and death moves through eight developmental stages. In each of these stages the individual has to master some developmental tasks. If the individual cannot master these tasks, a major conflict or crises may arise. Unsuccessful resolution of a developmental crises will influence successive stages of the life cycle. At each stage of the life cycle the individual is actively incorporating or reconciling in new, age-appropriate ways, those psychosocial themes that were ascendant in earlier periods (Erikson, 1963).

The final life stage, old age, has its own developmental tasks, viz. ego integrity versus despair. According to Hooyman and Kiyak (1991:228), the goal of this stage is to establish a sense of meaning in one's life versus a feeling of despair or bitterness that life was wasted. Old age is characterised by loss - of economic and social status, friends, abilities - and by inevitable and often life-shattering changes in health status. This requires of the older person to cope with these losses and changes and the new circumstances they brought about. The older person has to accept his/her own life choices, whether or not they were "successful" in a socially defined sense. The final life task is to achieve integrity. Erikson's definition of this concept is as follows: "It is the acceptance of one's own and only life cycle and the people who have become significant to it as something that had to be and that, by necessity, permitted of no substitutions" (Kimmel,

1974:406). Although death is inevitable, the older person can find meaning in his or her life. The older person can then also face death with integrity.

SOCIAL CONSTRUCTIONISM IN SOCIAL WORK

Traditional social work theory was founded in modernism. Modernism is based on the positivistic-empirical conviction that the world is objective, stable and subject to a proper and particular form of scientific investigation (Goldstein, 1986). Modernism was the cornerstone of the professionalisation of social work, because social work formed an early alliance with a scientific model of knowledge building and a positivistic empirically-based practice. Post-modernism, with its humanistic perspective, places special emphasis on hermeneutics to reveal how people make sense of their experiences and how they interpret their life experiences. Postmodernism, reflecting a world in which constant change rather than stability is the norm, turned to a search for meaning instead of “truths”, i.e. it emphasised the interpretive nature of human knowledge rather than analytical, empirical human knowledge. Meaning has to be constructed and therefore knowledge-building is a process and not a product (Goldstein, 1990).

Constructivism changed the theory, values and practice of social work. It led to renewed emphasis on a moral perspective which requires social work to re-examine its value moorings and values that shape professional practice. Social work practice is reshaped according to constructionist interventive knowledge.

According to Beaver and Miller (1992:290), knowledge available for social work practice consists of two types. Explanatory knowledge helps to answer “why” questions and includes theory and facts about the biological, psychological, socio-structural and cultural aspects of human behaviour, development and functioning. Interventive knowledge helps to answer “what” and “how” questions and provides guidelines and techniques for conducting all phases of the intervention process. The same authors state that formalised treatment approaches contain a supporting theory (explanatory knowledge) and a treatment model (interventive knowledge).

Broadening the explanatory knowledge base of social work to include a lifespan developmental theory (Erikson, 1963); a life model perspective (Germain & Gitterman, 1980) and a human ecosystem view (Meyer, 1983) has led to a move “...to include phenomenological and existential orientations emphasizing individual perception, awareness and consciousness, reaffirming subjective behavior as real and meaningful” (Welch, 1987:158). Thus social workers should help people to gain skills to explore themselves and the personal meaning that they attach to the world they perceive (Payne, 1991:169). According to this view, it is not the task of the social worker to identify malfunctioning in a person and to rectify it, but to expound the person’s coping capacities and to mobilise people’s push toward growth, self-healing, health and other natural life forces (Germain, 1990:138).

Saari (1991:9) summarises this view: “The goal of clinical social work is the improvement of social functioning through the enhancement of the meaningfulness of life experience and an expansion of the range of choices for individual behaviour in an environment capable of supporting a variety of adaptive patterns.... Service providers may be geared toward the prevention of future difficulties, toward more effective coping capacities, and/or remediation for the effects of stresses from the past.”

THE NARRATIVE IN SOCIAL WORK WITH THE ELDERLY

The interview has always been a core instrument used by social workers in the helping process. The interview was the means by which the social worker elicited facts, constructed meaning of

the person's life events and thus could assist the person in problem solving and enhancing coping abilities. In order to obtain enough and correct data, the social worker was the expert and had to direct and control the interview.

By replacing the interview with the constructed narrative, a shift in the hierarchical relationship takes place. The client becomes the expert and the constructed narrative directs the intervention process. The narrative is also the constructed meaning of life events, because narratives are the "natural cognitive and linguistic focus through which individuals attempt to order, arrange, and express meaning" (Borden, 1992:13). Robinson and Hawpe (1986:111) state that narrative thinking is a type of causal thinking, because narratives attempt to explain and understand experience. Saari (1991:171) points out that narrative structure enables problem solving, because it makes possible the reflective activities of analysis and later of intervention. "It is through these cognitive processes that the person can search for potential strategies for dealing with life and determining the most attractive choices" (Saari, 1991:171).

McAdams (1985) links the narrative to lifespan development. His proposition is that identity is a life story which individuals begin constructing, consciously and unconsciously, in late adolescence. The life story binds together past, present and future, i.e. what is to be done in the future. He says: "The stories we tell ourselves in order to live address this question by including scripts (plans, outlines) for chapters yet to be lived" (McAdams, 1985:252). The script for the future must make sense in terms of an established setting of belief and value, idealised and personified images of self, and the landmark events of the personal biography (McAdams, 1985:253). A crisis arises when a personal script cannot be actualised.

MEMORIES IN NARRATIVE THERAPY

Reminiscence and narrating past events have always been associated with the elderly. They have often been ignored or accepted as an inevitable sign of the onset of senility. Aristotle's statement captures this pessimistic view: "They live by memory rather than by hope for what is left to them of life is but little compared to the long past" (Coleman, 1994:10).

Social historians investigating social attitudes to aging found the 1960s to be the beginning of a more positive re-evaluation of later life. This change in attitude coincides with American psychiatrist Robert Butler first using the term 'life review'. In 1963 the Butler published an article "The life review: an interpretation of reminiscence in the aged", which is widely accepted as the beginning of using reminiscence in helping interventions with the aged (Coleman, 1994:11).

According to Butler (Lewis & Butler, 1974:165), life review is seen as a universal mental process brought about by the realisation of approaching dissolution and death. He states: "It marks the lives of all older persons in some manner as their myths of invulnerability or immortality give way and death begins to be viewed as an imminent personal reality. The life review is characterized by the progressive return to consciousness of old memories and particularly the resurgence of unresolved conflicts" (Lewis & Butler, 1974:165).

Life review links up with the concept of personal narrative and reminiscence, but also differs from these concepts. Lefrancois (1999:518) explains that the life review is an extension of the personal narrative, which is the ongoing story of one's life and oneself. Personal narratives have beginnings, middles and ends, but these constantly change with changing circumstances and one's ever present need to continue to make sense of one's life. Life review is the ongoing review and evaluation of one's life. It involves more reminiscing and nostalgia than the story constructed by a younger person and it also may not reach as far into the future.

Reminiscence occurs at any stage of life, but increases with age. The novelist Ondaantje states: "When we are young we do not look into mirrors. It is when we are old, concerned with our name, our legend, what our lives will mean to the future" (Ondaantje, 1992:141). It is introspective and passive, and is made up largely of daydreams and nostalgic memories. Although most major transitions in life might trigger a life review, it becomes more urgent, more universal, with advancing age. Life review is the process by which each person comes to terms with the totality of the life experience, fashions a meaning acceptable to the self, and achieves a sense of meaningfulness and integrity that conquers despair (Lefrancois, 1999:518).

The processes involved in reminiscence and life review also differ. Reminiscence recalls memories that the individual has of important life events. The recall might be deliberate or may come to mind spontaneously. Life review recalls memories but also entails a second process, viz. evaluation. Lefrancois (1999:519) states that evaluation involves making judgments about the rightness of past behaviours, about moral and ethical issues, about the advisability or inadvisability of certain decisions in terms of their implications for the lives of others as well as for the self. Hindsight evaluation can lead to re-evaluation, because events are seen in a much broader perspective. Life review thus includes the processes of recall, evaluation and re-evaluation.

Reminiscence and life review are important constructs to be used in gerontological social work. It implies that:

- Reminiscence should be accepted as normative in the elderly and should not be discouraged or viewed as time consuming and irrelevant. It should rather be encouraged as an activity which has its own reward;
- An absence of reminiscence is sometimes associated with depression in the elderly. Encouraging reminiscence can help the elderly person to be better adjusted. It can help to overcome depression by recalling and reviving positive self-images. However, an absence of reminiscence is not always a sign of depression, but could be a societal norm (Kaminsky, 1978);
- Reminiscence can also be used in grief work. Kaminsky (1978:22-23) states that we usually think of reminiscence as a way of holding onto past persons or events, but it may be aspects of the mourning process in late life which allow the person to accept the separation and to go on releasing the grief he feels at the loss. In this way reminiscence can enhance the coping capacities of the elderly person and can help him/her to cope with losses.

In dealing with an elderly person in social work, reminiscence forms some part of the transactions between the older person and the worker in the extended relationship. In the initial phase of the relationship reminiscence may occur even if the presenting problem is a concrete one. Kaminsky (1978:23-24) suggests that this type of reminiscence should be received as the gift it is sometimes meant to be: "A sharing of some precious and vital aspect of the person's life, an act of openness and intimacy, actually, the initial reminiscence which the client presents to the worker concern an event or experience which establishes the dignity and status of the client, speak of his or her former prowess, position, or importance."

During the remainder of the intervention process the social worker has to assess what use the elderly person is making of reminiscence. Both the amount and the content of the elderly client's reminiscence provide important diagnostic clues to the worker (Kaminsky, 1978:21). Excessive reminiscence is often an indication of denial or lack of interest in the present. The content of the reminiscence reveals areas of conflict and internal struggles and can be used to help focus problem solving.

Reminiscence can also be used in a group setting (Beaver & Miller, 1992; Harris & Hopkins, 1994). Additional benefits of reminiscence groups are that they develop and enhance cohort affiliation, increase opportunities for socialization, and promote intergenerational understanding. In working with groups the social worker can employ certain techniques to facilitate reminiscence, e.g. family photo albums; collages of the main events in the life cycle; pictures of historical events and old fashioned or period utensils. The social worker should constantly be aware that reminiscence is not a recreational activity, but a growth-producing activity which helps the older adult to be better adjusted and to improve his or her self-esteem and life satisfaction.

The social worker does not initiate the life review process, but has to be aware of signs that indicate that the process has started. One of the signs is an increasingly reflective orientation, i.e. what Neugarten (1973) termed interiority (in Lefrancios, 1993:618). Kimmel refers to this sign as “mirror gazing” and it represents the person actively learning to integrate a changing physical “me” into the relatively continuous sense of “self” in an attempt to integrate experience on the basis of current functioning (Kimmel, 1990). Some people might openly state a desire to “put my life in order”.

It is important that the social worker should tap into the already ongoing process of self-analysis, because an element of pain and discomfort often arises as old problems and conflicts surface. The social worker should be a sensitive, supportive sounding board and make the life review conscious, deliberate and efficient. Coping and problem-solving capacities of the older person are emphasised and this is empowering for the person. According to Germain (1990), the human capacity to create and narrate a life story and to make a healing process of it is a compelling life force. This natural life force allows healing to take place and enables the older person to discover meaning in his or her life.

Lewis and Butler (1974) state that the following techniques can be used to enhance life review: written or taped autobiographies; pilgrimages, in person or through correspondence; reunions; genealogy; scrapbooks, photo albums, old letters and other memorabilia; and preserving ethnic identity.

CULTURAL SIGNIFICANCE OF NARRATIVE THERAPY

The great awareness of multiculturalism in the second half of the 1960s caused social work to pay more attention to cultural diversity and to ensure cultural competence in social workers. Various models have been suggested to ensure culturally sensitive social work practice and to equip the social worker for multicultural intervention. Oliphant and Roestenburg (2004:209) and Weaver (1998) points out that the depth and scope of multicultural training varies and often the cultural content in various courses is inadequate. According to him, the cornerstones of cultural competence are self-awareness, exposure to different kinds of people, and skill building. Oliphant and Roestenburg’s respondents defined cultural competence as “...the ability to work with clients from another culture without problems that continuously disrupt the interaction process. This competency is acquired by familiarizing oneself with another culture without being prejudiced or inclined to put one’s own culture first. It is the ability to share one’s own culture in an open manner, and accept the other person’s beliefs and behaviours from the perspective they came from.” McGill (1992) states that the client’s cultural story should also be considered. According to him, the cultural story refers to an ethnic or cultural group’s origin, migration and identity. At the ethnic level a cultural story tells the group’s collective story of how to cope with life and how to respond to pain and trouble.

Cultural sensitivity and cultural competence can only provide the broad parameters for understanding a client. Culture is, however, also very subjective. In a multicultural society people

have different degrees of acculturation and biculturalism, and only the client can supply this information. Narrative therapy implies that the client is the expert and in control of his or her story. Also, the story is always seen through a cultural lens. This is especially important to bear in mind when working with the elderly, who often come from oppressed, discriminating and marginalised communities, and from an age cohort different from that of the social worker.

SUMMARY

The explanatory knowledge of social work was enriched by the lifespan approach to personality and constructionism. The lifespan approach acknowledges that development occurs throughout the life cycle up to old age and death. It also requires certain developmental tasks of the individual. One of the important tasks of the final developmental stage is to find meaning in one's life and thus achieve integrity. Constructionism replaces the positivistic-empirical base of social work with a humanistic perspective that emphasises hermeneutics. It accepts the interpretive nature of human knowledge.

These two orientations also broadened the interventive knowledge of social work. An important consequence is that the constructed narrative replaces the interview and it changes the role of the social worker. Instead of the social worker being the expert who directs the interview, identifies malfunctioning and rectifies it, the client becomes the expert and the constructed narrative directs the interventive process and results in growth, self-healing and increased coping capacities.

In narrative therapy with the elderly reminiscence and life review play an important role. Reminiscence as a helping intervention entails that the older person recalls important life events. Both the amount and the content of the reminiscence are important. It is a growth-producing activity that improves adjustment, self-esteem and life satisfaction.

Life review not only recalls memories, but also evaluates them and this leads to re-evaluation. In this process of recall, evaluation and re-evaluation the older person determines the meaning of his or her life and thus achieves what Erikson refers to as integrity.

Narrative therapy also enhances culturally sensitive social work practice. The fact that the older person sees his or her narrative through a cultural lens indicates the subjective meaning that culture plays in the life of the older person.

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